

Form Approved OMB No. 2000-0138

EPA Form 8900-1

Notification (Hazardous Waste Sit

United States Agency

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

Environmental Protection Washington DC 20460

JUN 0 2 1981

	be mailed by June 9, 1981.		• /		11.0	. 00	0 - 0:01	1-268
<u>_</u>	Person Required to Notify:				<u> </u>	<u> </u>	0 - 00	1-2.0%
•	Enter the name and address of the person or organization required to notify.			M-T/Dr. W. S.				
			Street ROCK	TSIAND	ARSET	rAL		
			City Rock Isla	and	State	1L	Zip Code	61299
В	Site Location: Enter the common name (if known) and actual location of the site.		Dank	1-1 0	1.5	 -		
			Name of Site Rock Island Arsenal* Street SARRI-ENN-TIDR. II S. SHORE					
I	L5210021833		City Rock Island	d County Roc	ck [slandstate	<u> L</u>	Zip Code	61299
\overline{c}	Person to Contact:							
	Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.		Name (Last, First and Title) Shore, William, Environmental Coordinator					
			Phone (309)794-5504 FTS 367-5504					
$\overline{\mathbf{D}}$	Dates of Waste Handling:							
	Enter the years that you estimate waste		From (Year) Unknown	To (Year)	1963		EPA Region 5	Records Ctr.
	treatment, storage, or disposal began and ended at the site.					-	3568	92
 E	Waste Type: Choose the option	on vou pr	efer to complete					
	Option I: Select general waste types and so you do not know the general waste types or encouraged to describe the site in Item I—D		sources, you are Description of Site.	Resource Cor regulations (4	is option is availanservation and Re 10 CFR Part 261).	ecovery		
	General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.		of Waste: X in the appropriate	listed in the r appropriate for the list of haz contacting the	e of Waste: gned a four-digit egulations under our-digit number tardous wastes a e EPA Region sei	Section in the bond code:	i 3001 of Ri oxes provide s can be ob	CRA. Enter the ed. A copy of tained by
	1. 🗆 Organics	1. 🗆 Mi	ning	located.				
	2. 🗆 Inorganics		nstruction					
	3. ☐ Solvents	3. □ Te						
	4. ☐ Pesticides	4. □ Fe						
	5. ☐ Heavy metals6. ☐ Acids		per/Printing					
	7. □ Bases		ather Tanning m/Steel Foundry					
	8. □ PCBs		emical, General		<u> </u>		ļ	
	9. ☐ Mixed Municipal Waste		ating/Polishing					
	10. □ Unknown		litary/Ammunition					
	11. ☑ Other (Specify)		ectrical Conductors					
	Metals fabricating		ansformers	L				
	and finishing, not		ility Companies		0.0	f nin	201	
	more than 10%		nitary/Refuse	* Address	O O O O O O	ondenc	ecasi fol	llows:
	hazardous waste.	15. 🗆 Ph						
		16. 🗆 La	b/Hospital	Command				
		17. 🛭 Ur	-		land Arsenal			
			her (Specify)	,	SARRI-ENM-T/		. S. Shor	re
			ning and	Rock Is	land, IL 61	299		
		<u>weldi</u>	ng	1				

	Notification of Hazardous Waste Site	Side Two						
F	Waste Quantity:	Facility Type	Fotal Facility Waste Amount					
	Place an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities	□ Piles □ Land Treatment	cubic feet 158,000 4.					
		3. ⊠ Landfill	gallons					
		4. □ Tanks	Total Facility Area square feet 315,000					
		5. Impoundment						
		6. ☐ Underground Injection7. ☐ Drums, Above Ground	acres					
	occupy using square feet or acres.	8. Drums, Below Ground	au 65					
	_	9. Other (Specify)						
G	Known, Suspected or Likely Releases to the Environment:							
	Place an X in the appropriate boxes to indica or likely releases of wastes to the environment		☐ Known ☐ Suspected ☐ Likely ☒ None					
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.							
H	Sketch Map of Site Location: (Option	al)						
	Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.		•					
	Data is available in the Instal	Data is available in the Installation Assessment of the Rock Island Arsenal, US Army Toxic and Hazardous Materials Agency Report No. 164, December 1979, Copies are available upon						
	request to the undersigned Sinc Area 14, Figure 8c (Page 23) re	e the above report was issue	ed, evidence has been found that					
	Form 8900-1 will be amended if							
<u> </u>	Description of Site: (Optional) Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells,							
	springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.							
	hay help describe the site conditions.	See Block H						
		see block ii						
J	Signature and Title: The person or authorized representative	Name COL John Kronkaitis	E 0					
	(such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional.	Street *	☐ Owner, Present ☐ Owner, Past					
			☐ Transporter ☐ Operator, Present					
		City Rock Island State	IL Zip Code 61299 ☐ Operator, Past					
	Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required	Signature Win Knonteen	Date 29 May 81					
	to notify check "Other".	* Address all correspondence	ce as requested in Blocks A-C.					

DEPARTMENT OF THE ARMY

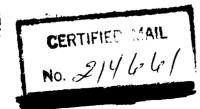
ROCK ISLAND. ILLINOIS 61201 61299

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

AN EQUAL OPPORTUNITY EMPLOYER

US EPA, Region V ATTN: Site Notification/Miss Kathy Hammer 230 Dearborn Street Chicago, IL 60604

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DEPARTMENT OF THE ARMY

ROCK ISLAND ARSENAL ROCK ISLAND, ILLINOIS 61299

SARRI-CO

2.5 MAY 1981

Miss Kathy Hammer US Environmental Protection Agency, Region V ATTN: Site Notification 230 Dearborn Street Chicago, IL 60604

Dear Miss Hammer:

The purpose of this letter is to provide notification of hazardous wastes sites required by the Comprehensive Environmental Response, Compensation and Liability Act of 1980, PL 96-510, Section 103(3). The completed EPA Form 8900-1 (Incl) is provided.

The newly discovered area (cited in Blocks H and I, Form 8900-1), which may contain hazardous waste, was discovered in a recent archeological excavation. The archeologists' final report is due to be completed in June 1981. The area is currently under study and when the full assessment has been completed an amended Form 8900-1 will be submitted.

All correspondence concerning this Notification should be addressed as follows:

Commander
Rock Island Arsenal
ATTN: SARRI-ENM-T/Dr. W. S. Shore
Rock Island, IL 61299

or telephone (309)794-5504 or FTS 367-5504 as required.

Sincerely,

l Incl As stated

JOHN KRONKAITIS Colonel, OrdC

Commanding



Notification (Hazardous Waste Sit)

United States **Environmental Protection** Agency

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

Washington DC 20460 1Ls-000-001-268 ARSENAL 61299 State Zip Code 4 S. SHORE 61299 Zip Code

Person Required to Notify: SARRI-ENM-T/Dr. W. S. Shore* Name Enter the name and address of the person or organization required to notify. Street Rock Island City Site Location: Rock Island Arsenal* Name of Site Enter the common name (if known) and actual location of the site. L5210021833 County Rock Islandstate Island Shore, William, Environmental Coordinator Name (Last, First and Title) Enter the name, title (if applicable), and business telephone number of the person (309) 794 - 5504 FTS 367~5504 to contact regarding information submitted on this form. **Dates of Waste Handling:** Enter the years that you estimate waste From (Year) Unknown 1963 To (Year) treatment, storage, or disposal began and ended at the site.

Waste Type: Choose the option you prefer to complete

Option I: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I-Description of Site.

General Type of Waste: Place an X in the appropriate

boxes. The categories listed overlap. Check each applicable category.

Place an X in the appropriate boxes.

Source of Waste:

1.
Mining 2. Construction 3.

Textiles

1.		Organics
2.		Inorganics
3.		Solvents
4.		Pesticides
5.		Heavy metals
6.		Acids
7.		Bases
8.		PCBs
9.		Mixed Municipal Waste
10.		Unknown
11.	X	Other (Specify)

Metals fabricating and finishing, not

more than 10% hazardous waste.

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4. 📙 Fertilizer
5. Paper/Printing
6. 🗆 Leather Tanning
7. Iron/Steel Foundry
8. 🗆 Chemical, General
9. 🗆 Plating/Polishing
10. Military/Ammunition
11. Electrical Conductors
12. 🗆 Transformers
13. Utility Companies
14. ☐ Sanitary/Refuse
15. Photofinish
16. □ Lab/Hospital
17. 🛭 Unknown
18. 凶 Other (Specify)
Machining and

welding

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

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* Address all correspondence as follows:

Commander

Rock Island Arsenal

ATTN: SARRI-ENM-T/Dr. W. S. Shore

Rock Island, IL 61299

JUN 02 1981

	Notification of Hazardous Waste Şirş	Side Two	e e e e			
F F	Waste Quantity:	Facility Type	Total Facility Waste Amount			
	Place an X in the appropriate boxes to indicate the facility types found at the site.	 □ Piles □ Land Treatment 	cubic feet 158,000 C,			
	In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.	3. ⊠ Landfill 4. □ Tanks 5. □ Impoundment	Total Facility Area square feet 315,000			
	In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	6. ☐ Underground Injection 7. ☐ Drums, Above Ground 8. ☐ Drums, Below Ground 9. ☐ Other (Specify)	acres			
Ğ	Known, Suspected or Likely Releases to the Environment:					
	Place an X in the appropriate boxes to indicate or likely releases of wastes to the environment	ate any known, suspected, ent.	☐ Known ☐ Suspected ☐ Likely ☒ None			
	Note: Items Hand I are optional. Completin hazardous waste sites. Although completing	ng these items will assist EPA and State and the items is not required, you are encourage.	l local governments in locating and assessing aged to do so.			
H	Sketch Map of Site Location: (Option Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.		•			
	Data is available in the Installation Assessment of the Rock Island Arsenal, US Army Toxic and Hazardous Materials Agency Report No. 164, December 1979, Copies are available upon request to the undersigned. Since the above report was issued, evidence has been found that Area I4, Figure 8c (Page 23) requires further evaluation. When that study is completed, Form 8900-1 will be amended if required.					
ī	Description of Site: (Optional) Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which					
	may help describe the site conditions.	See Block H				
	Signature and Title:					
	The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify check "Other"	Name COL John Kronkaitis Street * City Rock Island State IL Signature Am Konkaitis	□ Owner, Present □ Owner, Past □ Transporter □ Operator, Present □ Operator, Present □ Operator, Past □ Other			